

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

11638 -62-044646

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED DEC 7 1962

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Deaconess HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. b. COUNTY Gasconadec. CITY
OR TOWN BayInside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Elsa

Martha

Moeller

4. DATE
OF DEATH

Month

Day

Year

December

2,

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/26/1909

9. AGE (last birthday)

53

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Bay, Missouri.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

August N. Moeller

13b. MOTHER'S MAIDEN NAME

Johanna Gongoll

14. NAME OF HUSBAND OR WIFE

Nil.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No.

16. SOCIAL SECURITY NO.

Nil.

17. INFORMANT

Address

Dora Moeller, Bay, Missouri.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatosis

INTERVAL BETWEEN
ONSET AND DEATH
6 monthsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Primary adenocarcinoma of breast

DUE TO (c)

170x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-16-62 to 12-2-62 and last saw her him alive on 12-2-62

Death occurred at 12 noon m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

634 N. Grand Blvd.

22c. DATE SIGNED

12-3-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

12-6-62

23c. NAME OF CEMETERY OR CREMATORY

Zion Cemetery

23d. LOCATION (City, town, or county)

Bay, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Blumer Funeral Home, Hermann, Mo.

25. DATE RECD. BY LOCAL REG.

DEC 4- 1962

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

20370/16

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1258-0

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DEC 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert J. Haines

Licensed Embalmer No. 4108

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.